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TELEFAX

Date: March 1, 2005

Total pages: 53 with fax
cover

To: USPTO

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Our Docket No. YU 182
Your Docket No.

Client/Matter No: 078245 /48

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Peter M. Glazer

Serial No: 09/978,333

Art Unit: 1634

Filed: October 15, 2001

Examiner: Carla Myers

For: *TRIPLE-HELIX FORMING OLIGONUCLEOTIDES FOR TARGETED
MUTAGENESIS*Transmittal Form PTO/SB/21, Fee Transmittal PTO/SB/17 and Amendment and Response to
Office Action.

{45054975.1}

PTO/SB/17 (12-04)

Approved for use through 07/31/2005, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 0.00

Complete if Known

Application Number	09/978,333
Filing Date	October 15, 2001
First Named Inventor	Peter M. Glazer
Examiner Name	Carla Myers
Art Unit	1634
Attorney Docket No.	YU 132

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 17 - 25 or HP = 17 x 0.00 = 0.00 Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims 1 - 3 or HP = 1 x 0.00 = 0.00 Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 17 - 100 = 17 / 50 = 1 (round up to a whole number) x 125 = 125 Fee Paid (\$)
 Extra Sheets 0 Number of each additional 50 or fraction thereof 0 Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature

Registration No. 31,284
(Attorney/Agent)

Telephone (404) 879-2151

Name (Print/Type)

Patrea L. Pabst

Date March 1, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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NO. 3324 P. 3

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PTO/SB/21 (09-04)

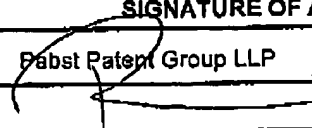
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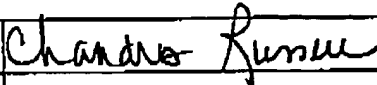
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/978,333
	Filing Date	October 15, 2001
	First Named Inventor	Peter M. Glazer
	Art Unit	1634
	Examiner Name	Carla Myers
Total Number of Pages in This Submission	Attorney Docket Number	YU 132

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 6 Publications
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	March 1, 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING			
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MUTAGENESIS*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

Responsive to the Notice of Non-Compliant Amendment mailed February 23, 2005,
please substitute the Amendment filed January 24, 2005 with the following amendment. It is
believed that no additional fee is required with this submission. However, should a fee be
required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-
3129.

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